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### EXTRACTION OF A FISH-HOOK FROM THE NECK.

BY SOLOMON D. TOWNSEND, M.D., ONE OF THE SURGEONS OF THE MASSACHUSETTS GENERAL HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

THE following interesting surgical case occurred to me at the Massachusetts General Hospital.

Wm. H., æt. 41, while fishing, in company with another person, for "blue fish," off Cape Cod, on Sunday, Aug. 13th, was wounded by a cod-hook, measuring an inch across from the point to the commencement of the curvature. He gave the following account of the accident. As his companion was throwing round the hook, with a heavy lead attached to the shank by about three feet of the line, preparatory to casting it some distance into the water, the line parted, and the lead and hook were projected with great force, striking the barb into the left side of his neck. The blow was given with such power as nearly to knock him down: and the hook, after burying nearly the whole of the bow in the side of the neck, broke off, leaving a little over a quarter of an inch of the shank protruding from the wound. The portion imbedded was of this size and shape. There was no hæmorrhage of importance, either at the time of the accident or afterwards. An attempt was made by a physician, on the evening of the same day, to pull the hook from the wound; he only succeeded, however, in raising it a little above the level of the skin.



The patient presented himself at the Hospital on Tuesday, the 15th. The hook was then imbedded in the neck, at the anterior side of the left sterno-mastoid muscle, about an inch below the angle of the jaw, and about a quarter of an inch of it only exposed, giving the impression that it had passed under and around the mastoid muscle, and that its point lay deeply seated under the edge of that muscle. The pulsation of the carotid was felt immediately under the entrance of the hook.

In consultation with Dr. Henry J. Bigelow, the only one of the Surgeons of the House present, and to whom I feel much indebted for his readiness in suggesting expedients during this unusual operation, it was decided to cut down upon the hook at its entrance, as there was not

enough remaining externally to enable me to push it through, and the point was also so deeply imbedded, there would be a risk of wounding some important vessel in its passage out.

The following details of the operation are for the most part taken from the records of the House:—

The patient having been narcotized by chloric ether, the operation was commenced by an incision three inches long, extending from a short distance below the left ear, through the wound made by the hook down into the body of the sterno-mastoid, in a direction nearly parallel to the external jugular vein, and half an inch in front of it. The dissection was then continued towards the deep parts of the neck, following the shaft of the hook. The direction of the operation was now necessarily changed, owing to the impossibility of reaching the point of the hook without dividing the muscular fibres transversely. A second incision was then made, extending from about the middle of the first, two inches backwards, dividing the external jugular vein, both ends of which were tied, until the sterno-mastoid was cut across, exposing the point of the barb of the hook bound down by a small quantity of tissue, most of which was lifted over the barb by means of a bent probe, and the remaining minute fibres divided by the knife. The hook was then withdrawn in the direction of its point.

Several times during the operation, upon passing a grooved director into the wound over the hook, there was a free arterial hæmorrhage from a deep-seated point. This hæmorrhage, however, seemed to be checked whenever the hook was drawn upward and the parts made tense across its barb. Immediately on the hook being withdrawn, there was a copious and sudden flow of arterial blood from deep parts, where the point had been imbedded. This was immediately checked by pressure from the fingers of an assistant; and it appearing probable that the hæmorrhage proceeded either from the carotid or a large branch of that vessel, and the bleeding point being too deep for ligature, it was decided to tie the common carotid.

The incision was accordingly continued from its lower angle two inches further downward, along the anterior edge of the sterno-mastoid, the muscle drawn to the outside, and the vessel exposed and tied just above the hyoid muscle.

The patient was entirely insensible, from the inhalation of ether, during the whole period of the operation. Nothing occurred unfavorable to the patient until the 20th, when a free venous hæmorrhage took place, which was arrested by pressing a sponge into the wound. On the 22d the ligatures from the jugular vein were removed, and on the 2d of September that from the carotid came away. On the 7th he was discharged well.

I have every reason to suppose, from the direction which the hook took, that it must have passed between the carotid artery and jugular vein; and when we consider the importance of the vessels in whose vicinity it was projected, his escape may be looked upon as almost miraculous.

## YELLOW FEVER, TYPHUS AND SCARLATINA.

A LETTER FROM LEVI WHEATON, M.D., OF PROVIDENCE, R. I., TO WILLIAM INGALLS, M.D., OF BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

DEAR SIR,—The books you had the goodness to send me lately, were very welcome, not only as affording me subjects for reflection, but as proving you had not forgotten an old friend. I am a great reader—a book is my best resource in the monotonous and comparatively retired life I lead. But I confess of late years my reading has been less on medical subjects than formerly. To keep myself *au courant* with the practical improvements of the day, I am not inattentive altogether to the medical journals with which we abound, always aware that there are false facts as well as false theories; but with systematic works and theories, and a succession of new doctrines, of which I have witnessed the mutability and inconclusiveness for seventy years past, I am fairly disgusted, and have almost come to the conclusion that *certainity in physic* is unattainable. I have sometimes been led to parody these lines of Pope, as being as applicable to the living body as to the soul of man—

“Man’s superior part,  
Uncheck’d may climb, and rise from art to art;  
But when his own great work is but begun,  
What fancy weaves, by reason is undone.”—

or like the fabled web of Penelope, the work of the day is unravelled by the reflections of the night.

In the year 1778, in the heat of the Revolutionary war, when a British army had taken possession of Newport, and our College broken up, I betook myself to the study of medicine—and as it was required that every young man should act a part, I entered the military hospital in this town, in the character of surgeon’s mate. I sought information from books—but medical books were scarce, incredibly so compared with the present; yet I had occasional access to the library of Dr. Eyerès—a learned old gentleman, who had been driven from his home in Newport by the enemy. He handed me one day Boerhaave’s Aphorisms, saying, emphatically, “there, young man, is a volume of truths as immoveable as the everlasting hills”; and such was the imposing character of this work on an unsophisticated mind—so logically had this truly great man deduced a system of chemico-mechanical pathology from postulates or premises which were generally admitted, that I of course was convinced—especially as it was, and had been, the prevailing doctrine for more than half a century. But I saw the last of it. The medical world, so given to change, about this time discovered that this humoral pathology was not adequate to explain all the phenomena of disease—that men had nerves as well as blood, solids as well as fluids. From some suggestions of Hoffman, improved by Cullen, a new system was introduced, and the Edinburgh school superseded that of Leyden, and Cullen’s *First Lines* became the text-book and vade mecum with the most respectable British and American physicians for the latter half of the last century. This system again had an imposing air—his faith-

ful and graphic description of diseases, his reformation in therapeutics, expunging a farrago of useless remedies, denoted progress. But his *theory*, although sometimes plausible, in the leading and most important article, *fever*, proved in its turn unsatisfactory. It was rudely shaken by his countryman, *Brown*, a bold and original thinker, whose new classification of diseases into what he called sthenic and asthenic, whose doctrines of excitement and excitability, made a deep and lasting impression on the medical world at large; but the excess to which he practically carried the use of stimulants, hurt his own credit and that of his system. Imperfect as it was, however, it probably gave an impulse to the more finished and systematic work of *Darwin*, a man of undoubted genius. When he gave his *Zoonomia* to the public, he evidently thought he had produced a work *ære perennius*. But the event proved that his idol had more of clay than brass in its composition; it soon crumbled, and its fragments were undeservedly neglected. The succession of system builders and theorists, who for the last fifty years have taxed their wits to fill the vacuum, I cannot enumerate. The failure of so many men of superior talents to establish a theory which could satisfactorily explain the remote and proximate cause of disease, proves the intrinsic difficulty of the subject, if not the futility of the attempt. The chief merit of these attempts is, that their authors have all, more or less, summoned facts to their support which might not otherwise have seen the light—for they have taken care to preserve a flexibility in their several systems to bend to facts, rather than to make facts, which are stubborn things, bend to them.

The presence and identity of fever, every body recognizes; but no one has hitherto been able to explain its nature. From the multiform appearances it exhibits, it has been justly called a *Protean* disease—an epithet happily chosen; for although *Proteus* was well known when he chose to make himself visible, he “was difficult of access, and, when consulted, he refused to give answers, by immediately assuming different shapes, and eluding the grasp.”

As you justly observe, “from our total ignorance of the principle of *vitality*, we have no guaranty for the truth of any *theory*”; and it might be added, from our imperfect knowledge of the composition of the fluids, of *ultimate* anatomy and the *capillary* organism, by and through which this principle exerts itself, till further enlightened by *chemistry* and the *microscope*. And yet the physician who knows all that is at present knowable on the subject, when called upon to try his clinical capacity, to a certain extent must and will *theorize*—if, as *Cullen* says, to think is to theorize. He must compare the case presented with others he has seen—recollect not only his own experience but that of others, and reason as best he may from analogy—in short, he must *think*. If a prudent man, where there is a clear indication for action, he will act; in a doubtful case, he will forbear action, and pursue an *expectant* plan. In a case of fever, for instance, a disease which does the work of death for half the human family, he will not stop to inquire what fever is, in the abstract—knowing it to be, in the present state of our knowledge, a vain inquiry. For all practical purposes, he will wisely conclude, with a late sensible writer on the subject, that the unmistakeable assemblage of symp-



toms which we call "*fever*, is in a great degree peculiar to the human race, and which never, as an idiopathic disease, affects the lower animals, and rarely the uncivilized man; for the Negro tribes feel little of malarious fever, and the Indian races are far less subject to it than the European—that physic is in a great measure powerless before it; it will run its course in every climate and every constitution; it cannot be prevented, and so completely is its dominion established, when once begun, that the least interference with violent remedies the better. The battle is to be fought by the nurse, mainly, whether in the shape of physician or other attendant it matters not. The best general rule is to watch the case, meet the symptoms as they arise, prescribe what agrees with the patient, avoid what disagrees, and leave the result to nature." I quote this as applicable to essential or idiopathic fever; in inflammatory or eruptive fevers, the interference of art may be more efficient.

After thus expressing my want of confidence in the power of medicine over fevers in general, you will not be surprised to hear me say, that I have as little in any known remedy for yellow fever. Between the years 1795 and 1805, it was my lot to see much of this fever—twice in New York and twice in this city. About the latter period, I was requested by the editors of the New York Medical Repository, to furnish a history of the disease as it had appeared in Providence, with all the facts that had a bearing upon the then mooted question of its foreign or domestic origin. I was aware that the editors advocated the latter, and at that time I confess I was of their opinion. I wish it was in my power to send the number containing this article, at the close of which I made some remarks upon the different modes of practice adopted here—the cathartic, the bleeding, the sudorific and the mercurial, with about equal success. To the latter I objected as worse than useless, although sanctioned by *Rush*, for which heresy I was severely criticized. But this did not alter my opinion, which time has more and more confirmed. I contended, I recollect, that in bad cases, the salivation, if it was a cure, could not be seasonably excited, whilst in slight and perhaps imaginary cases, where the wonted susceptibility to the action of mercury was unimpaired, a speedy salivation had a credit which did not belong to it—it was the consequence rather than the cause of convalescence, or, as I said, like the plan taught boys for catching birds by putting salt on their tails, *the bird must be first caught*. Yet, thanks to Dr. Rush, this absurd and mischievous plan of treating fever was adopted and pursued for a series of years throughout the country. Your elder Dr. Warren, if I mistake not, wrote a book in its defence, and I have had reason to believe that thousands have been subjected by this practice to a cruel sore mouth for three or four weeks, for slight febrile attacks, which with common sense for a nurse, would not have lasted as many days—to say nothing of the sequelæ.

Your idea of the remote cause of yellow fever is ingenious, and merits consideration. Your opinion, at any rate, that it has in this country been confined to the seaboard—or, as Mr. Jefferson expresses it, "that it has not prevailed beyond the reach of tide-water"—I am now inclined

to adopt, which I was not forty years ago. The numerous cases then reported in proof of such a fever prevailing in various localities in the interior, upon more mature reflection I conclude must have been varieties of malignant fever generated by the miasmata of local nuisances, and that, as you say, "the yellow fever is a disease *sui generis*." Indeed, I may carry the idea farther than you intended it. I was early struck with the opinion of *Dr. Chisholm*, that the fever which appeared in Grenada in 1792 was not the yellow fever he had been accustomed to see there, but a new disease imported recently in a ship from Boulam, coast of Africa, and hence called the *Boulam fever*. Its appearance the next year in Philadelphia favored the idea of its having been imported, rather than generated by damaged coffee or other nuisances about the wharves; and it is remarkable that the first appearance of this disease, in any of our seaports, has usually been coupled with the arrival of some foul vessel from a port where such a disease was prevalent—but occurring at a season when heat, moisture and local filth were co-operating to breed a plague in the locality, its true origin became a subject of controversy—*hinc illæ lachrymæ*, and the ink that has been shed over it. It would go far to settle this question if we should suppose, with *Dr. Chisholm*, this to be a new disease, capable, under certain circumstances, of being propagated by specific contagion, and bearing the same relation to the ordinary yellow fever of the West Indies, that the Asiatic cholera (itself a new disease) does to the well-known cholera morbus of this and other countries—deriving the name merely from some faint family resemblance. And in support of this hypothesis, it might be urged that in our constant intercourse with the West Indies, where yellow fever is endemial, it had never before been imported—nor had it ever been domesticated by those local causes which must have annually been in force, and upon which so much stress has been laid.

I agree with you that this fever, as we have had it, is not contagious but under a rare combination of circumstances, partly known and partly unknown. Diseases acknowledged to be contagious, are so in very different degrees. Smallpox, measles, scarlet fever, hooping cough, erysipelas, are all held to be contagious—but in what a gradation! Yellow fever is not contagious in a clean and airy situation; it is not there communicable by the person, apparel, or egesta of the patient, to his attendants; but concentrated in the infected district, where it first made its appearance, a matter of contagion would seem to be more active—whether by effluvia from the body of the sick, or by the miasmata, or fomites, which sickened him, is hard to say. But all that adheres to the patient is readily diluted and rendered innoxious by change of place. In the year 1800 I had charge of most of the patients, a great number, affected with this disease here, most of whom were removed immediately to a new hospital south-west of the town—a roomy house, in an airy, elevated situation, where there was not an instance of an attendant, male or female nurse, taking the disease. For myself, I took care to pass as little time as possible in the infected district. Not so with my predecessor, *Dr. Comstock*, in 1797, when the patients were generally suffered to re-

main in their own houses. He passed much of his time there, and sickened and died of the disease.

The first case of yellow fever I ever saw, was in the month of August, 1795, in the city of New York, where, to my great grief and surprise, I found the very particular friend I went to visit on my way home to Hudson, prostrate with this disease. It was the third or fourth day of his illness—as yellow as an orange, distressed at stomach, but clear in mind. He was attended by two of the most eminent physicians in the city, Drs. Samuel Bard and William Pitt Smith. I passed most of my time by the bed-side of my friend, and of course had repeated interviews with his physicians. I soon found they had seen as little of the yellow fever as myself—for when it raged in Philadelphia two years before, their city was exempt. I went to a bookstore, and picked up all I could find that related to the subject; and among others, the work you mention of Dr. Jackson, with which I was much pleased. I was particularly struck with his recommendation of cold bathing in the treatment of this fever—but too late for my friend; he died, and the next day I took his family on board a sloop belonging to them, and then lying at the wharf near their residence, in Water street, including a younger brother who had just come down with the fever. After entering the North river, homeward, the wind failing us, we came to for the night; but we had the benefit of a free air, and a clean, roomy cabin at our disposal. Looking at my patient in the morning, I was alarmed by an ominous symptom—blood trickling from either nostril. Dr. Jackson's suggestion occurred to me. I had the patient taken up and seated in a round-about Winsor chair, and dashed upon him a pailful of cold vinegar. He was then wiped dry, and laid in a clean shirt on his bed. He soon fell asleep, and had no more bleeding at the nose—and by a repetition of this process twice a-day, for three or four days, he convalesced, and soon recovered—thanks to Dr. Jackson. This was the *first cure* I ever made of yellow fever. I am led to mention it, perhaps, from the coincidence of your referring to the same writer. I have not seen his book for many years, having given my copy to a young surgeon bound to India.

You will by this time, my dear sir, think you have had enough of my scepticism, and be ready to confer upon me the title of *Doctor Doubty*—but excuse me, I have not yet quite done. Of the ship fever you name, whether a new disease, or an old one under a new name, I have seen but few cases, although I have heard much of its ravages in New York and Canada, all ascribed to the same source—ships from Europe crowded with passengers. We have had formerly in this town two visitations of a malignant fever, which I take to have been of the same character and origin. One was in 1776, upon the arrival of Commodore Hopkins from a cruise in the West Indies. His second ship, the *Columbus*, afforded the greatest number of sufferers, and hence the disease was called the *Columbus fever*. Many of these poor fellows were landed to die here, and to spread the disease, to some extent, among the inhabitants. The *second* was four years later. Of this, the victims were chiefly prisoners returned from British prison ships, and hence called the

*prison-ship* fever; all originating from the same causes—want of room, fresh air, cleanliness, and wholesome food, owing to the inexperience, inattention, or inhumanity, of those who had them in charge. Of the former, I was too young to observe much. I remember to have seen some drop to die in the street. With the latter, I was professionally conversant. We considered it similar to the jail or hospital fever described by Sir John Pringle, and his book on the subject was our best guide in the treatment. If Cullen is right in considering the remote cause of fever to be *human* or *marsh* effluvia, these belong to the former, however vague the term. Indeed I have been inclined to make something like that distinction between the diseases of our eastern and the interior country. In the West, where agues and remittent fevers prevail, febrile diseases in general require and bear a different treatment, from what we find safe or allowable here. Bark, or its essence quinine, for example, after a little preparation by antimony or a cathartic, is a sovereign remedy there; whilst in any stage of our fevers, it is almost always hurtful.—On the borders of the Hudson, where ague and fever and bilious remittents prevailed in 1794–5, I had abundant opportunities of treating scarlet fever, which was epidemic. I found nothing succeed but an antiseptic and stimulant plan. I gave more bark and wine, and even brandy, than I ever gave in any febrile complaint before, and with almost uniform success, and it became the general practice. The country people had the sagacity to adopt it. They found, that if they sent for a physician to their children, he gave them an antimonial emetic or other evacuant, which run them down at once—and considering it an eruptive disease, and like the measles requiring cordials to bring out the eruption, instead of sending for a physician they sent to the nearest country store for a jug of brandy, and kept their skins full of brandy toddy, and generally recovered. Now I know from my own experience, and that of some of my most respectable brethren of the profession, that this practice will not do *here*. In my own practice for several years past, avoiding evacuants, unless the mild emetic of ipecac. you mention, and that not constantly, I trust the issue to sponging, with cold water, the skin if over hot, to gargles, and the liberal use of muriatic acid well diluted.

But I will fatigue you no more with these rambling speculations. Pardon the egotism and garrulity of an old man, and believe him as ever with great respect your sincere friend,

LEVI WHEATON.

Providence, Sept. 5, 1848.

#### CHOLERA MORBUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I am induced to make the following observations, from recent personal experience, and from seeing and treating others in the course of my practice. No disease to which man is liable will prostrate him more

effectually, and with greater despatch, and make him feel his "entire nothingness," than the cholera morbus. It is a common but distressing sickness, frequently making its attack with hasty premonitory symptoms. That the immediate cause is the suspension of the powers of digestion, from some circumstance, no one will probably have reason to doubt. It takes place when the weather is warm, the body fatigued, and after eating a full meal of some kind of food which does not readily digest, especially articles that have a tendency to putridity. I have known a whole neighborhood thrown into an "uproar" and consternation, by eating damaged lobsters in hot weather. The nausea and violent spasmodic efforts of the stomach indicate that its contents are very offensive to it. The suspension of animal heat, the appalling chills, the slow feeble pulse, and that indescribable deathly sensation about the præcordia, indicate some sudden suspension of action in the vital functions.

Dr. Cullen and others have supposed that excess of bile produced the cholera; but I have been unable to detect anything resembling bile in the first discharges in any case. The discharges of bile which sometimes happen are probably owing to the continued violent spasmodic efforts to vomit, which cause the unnatural retrograde motion of the bile backward through the pylorus into the stomach, and it is then discharged from the mouth. The periodical cramps, which return at short intervals, I believe are in the muscular coats of the stomach and intestines, rather than in the external abdominal muscles. At the commencement of the disease, the first indication is a sensation of rapid fermentation in the stomach, accompanied with a gaseous commotion, which is succeeded by moderate spasms at first, but soon increasing to the most excruciating violence, with short intervals of comparative ease succeeding the discharges. The discharges are generally a fermenting acid mass of matter, apparently destitute of bile, and tending strongly and rapidly to putrefaction.

That fermentation in the stomach and digestive functions is the immediate and exciting cause of cholera, I fully believe, and the remedies which give the most speedy relief are evidence in confirmation of that belief. In many cases the discharges from the mouth are almost caustic from acidity (which was the fact in my own), notwithstanding there were no indications of acidity in the stomach previously to the attack.

The remedies which I have found to give the most speedy and effectual relief, are alkalies and anodynes, combined in very minute doses, and often repeated after the first discharges, which generally take place before the physician is called. I dissolve from fifteen to thirty grains of carbonate of potass or soda (the former is preferable) in about a gill of water; then add from two to four common teaspoonfuls of the camphorated tincture of opium, according to the age and constitution of the patient, and give of this mixture from one to two or three teaspoonfuls once in from half an hour to one or more hours, according to the urgency of the symptoms. In adults, when the spasms are violent, I give from half to a grain or more of opium in a pill, at intervals to correspond to the patient's sufferings. After pursuing this course a short time, I have sel-

dom known it fail to allay the fermentation in the gastric region, and produce the most satisfactory results.

It is a domestic practice to use alkalies to check rapid fermentation in dough, which it does effectually, and it is as reasonable to suppose that it should check the fermentation and gaseous disturbance in the digestive functions in cholera, by neutralizing the gastric acid. I am loth to dissent from such high authority as Dr. Watson, but my convictions compel me to the measure. He says—"And the great irritation of the stomach and bowels evinced by the symptoms, proceeds from the presence of bile in the intestines in undue quantity, and rendered more acrid than usual by some morbid alteration in its quality." Now I wish the doctor had explained to us what that change or "morbid alteration" is which takes place in the bile so suddenly. That a person apparently in good health, with a good appetite, three hours previously to the attack of cholera, should have his biliary organs so suddenly deranged as to produce such a "morbid alteration" in the bile, really, to me, looks wonderful. We all know that certain ingredients, compounded and accompanied with heat and moisture, will run into a state of fermentation suddenly, and from one degree to another; from the mild vinous fermentation, to the acetous, and from that to the putrefactive; and why should not this process happen in the stomach and bowels, after being unduly charged with a combination of animal and vegetable substances liable to generate acid gas in hot weather? He further says—"the patients complain of a burning sensation in the epigastrium." Is it not probable that the "burning sensation" is owing to the rapid formation of acid in the stomach, rather than to acrid bile. I have treated cases of cholera for near a half century, my patients have complained generally of the acid ejections from the stomach in the act of vomiting, and my personal experience testifies to the fact, the contents of the stomach ejected being so acid that they produced a very disagreeable smarting sensation in my throat and mouth, without the least appearance or taste of bile. Since I have adopted the alkaline practice, I have no recollection of losing a patient by cholera morbus.

Respectfully yours,

Wilmington, Mass., Sept. 15, 1848.

SILAS BROWN.

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#### YELLOW FEVER AND QUARANTINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Dr. Copland, in a late No. of his "*Dictionary*" (which, by the way, I am informed, will soon be completed), contends strongly in favor of the contagiousness of yellow fever, as well as of cholera and of plague, using the term *contagion* in the sense of *infection*, as usually employed. Now is there not great reason to believe, that the controversy in relation to the mode in which yellow fever is propagated, is merely one about words; that it originates in not agreeing upon the meaning of the terms employed; and that if these were logically defined, and then used only in the sense of the definition, there would be but little difference of

opinion among physicians, on this subject? It is very obvious that Dr. Copland, as well as some of our own writers, uses the terms *infection* and *contagion* synonymously, and in a sense different from that in which they are generally used. According to this writer, infection is a general term, and contagion one of the modes in which it takes place. Now if we understand by a contagious disease, one which is communicated under any circumstances of atmosphere, whether pure or impure, by contact or otherwise, as smallpox, measles, &c.; and by an infectious disease, one whose communication depends on an impure or vitiated state of the air, there would be no dispute as to what division yellow fever would belong; no one would think of calling it a contagious disease; but like plague, cholera, &c., it would be ranked under infectious maladies. If these diseases are ever communicated in a pure atmosphere, it is only an exception to the general rule, and constitutes no valid objection to such distinction. *Exceptio probat regulam.*

The statistics of our quarantine establishment at Staten Island have an important bearing on the subject of the infectious character of yellow fever. For example, from the year 1806 to 1844 inclusive, there were 101 arrivals of sickly vessels at quarantine—that is, of vessels on board of which there had been cases of yellow fever. One hundred and fifty-five cases of the disease (yellow fever) were introduced from these vessels into the hospital, and 174 sailors or passengers sickened, after their arrival in these vessels. Of all the individuals who have communicated with these sickly and other vessels from on shore, during the above 38 years, 31 only have sickened, and 5 only are reported to have sickened in consequence of communication with them, notwithstanding the impure air of the hospital which they necessarily breathed. This fact speaks volumes, both as to the contagiousness and infectiousness of the yellow fever.

Notwithstanding the relaxation in our quarantine system, it is still unnecessarily severe and stringent. Its regulations are neither based on reason, experience, observation or common sense. Why should our health officer have, as a perquisite, the washing of all dirty clothes and soiled linen, from a Liverpool packet down to a Potomac oyster boat? Why should he not be a salaried officer, as is the case in all our other seaports, instead of depending for his emolument on fees, thus making his own honesty the only limit to his enormous income? Why should not the whole subject of quarantine be left to the discretion of the health officer, as is done in Boston, Philadelphia, Baltimore, Charleston, Savannah, &c., instead of prescribing so many vexatious and unnecessary rules and regulations? It would add millions to the commerce of this emporium, if your own common-sense quarantine laws and customs were carried out at this port. I have your own authority for saying, that no vessel in the port of Boston is required to stop at the quarantine ground at all. The pilot anchors them before the city, where they are inspected. If all the crew are well, and have been so during the voyage—and the bill of health speaks favorably of the public health at the port of departure, you allow the vessel to come to at any wharf in the city,



and discharge, without any reference to the kind of cargo on board. You give a permit to do so—making the officers inspectors, who allow nothing to leave the vessel in a damaged condition. By this plan, no one suffers from unnecessary delay—you stop nuisances from the ocean and prevent their accumulation in the ware-houses. The sick are sent to the different hospitals, according to the nature of their complaint, if they have neither friends nor homes. If they have either, you suffer them at once to leave the vessel and go to them. If any one has an infectious malady, you very properly detain him at quarantine, and he alone is a subject for quarantine detention. Your wise system does not keep the crew, or passengers, in confinement, like ours, or detain them from their business. You give the merchant his goods immediately, which are sometimes of a perishing nature, and that, too, without subjecting him to the unnecessary expense of lighterage, or the payment of any fee. You send all damaged goods to the quarantine to be aired, dried, washed, cleansed, &c.; as circumstances require. You send vessels there when there is a prospective danger from them, if permitted to remain in the city, but not without. You permit hides, skins, hair, wool, rags, feathers, &c., to be landed freely in the city, at all seasons of the year, without the least injury to the public health, excluding only damaged and decaying articles. Under this common-sense system, which you have administered for more than twenty years, you have not had a case of yellow fever in Boston; and if our exemption is to be imputed to the strictness of our regulations, with the same propriety may we ascribe your exemption from the same disease to the laxity of yours. In short, while your system is never oppressive, onerous, or vexatious, either to owners, consignees, emigrants, shippers, the public authorities or the public, ours is directly the reverse, and ought to be abrogated, or at least reformed.

MEDICUS.

*New York, Sept. 16, 1848.*

#### THE NEW MODE OF TREATING DEAFNESS.

[THE reports from abroad, respecting Mr. Yearsley's method of remedying deafness, which has several times been alluded to in this Journal, continue favorable, and the discovery promises to be one not unworthy to be ranked with others which have distinguished the present age. Other practitioners, besides Mr. Y., report cases of its successful use. We trust it will not be long before we shall be able to publish the result of trials in our own country. Some additional directions are contained in the following extract from a recent paper by Mr. Y. in the London Lancet.]

In the relation of cases confirmatory of the happy effects of the cotton wool, it will be unnecessary to describe with minuteness the precise appearances which each ear presented in which it has been successful; it is sufficient to say that in every case there was partial or entire loss of the membrana tympani, with more or less otorrhœa, though it is not a

*sine qua non* that the latter symptom of disease should be present. A perfectly dry ear, with perforation of the membrane, may be always considered a highly favorable case for the operation.

The only question we have, therefore, to consider is, how far it is possible that the sense of hearing can be improved by so simple a remedy? and to enable us to form a proper estimate, I propose to quote two descriptions of cases: the one, to prove the permanent value of the remedy; the other, to show its immediate effect.

With respect to the instruments which I use, I may briefly state that they consist of a pair of small forceps, weak in the spring, so as to admit of the blades coming accurately together with the slightest possible pressure. This instrument should differ from the ordinary forceps in another respect—namely, the blades or prongs should have no roughness at their extremities, and should be so rounded as to act as a common probe when in apposition. The intention of this instrument is of course to introduce the moistened wool to the bottom of the meatus, having done which, they should be disengaged from the wool, and withdrawn. The blades being then brought together, the forceps may be again introduced, acting as a common probe, for the purpose of adjusting the wool on the spot, which, when covered, produces the best degree of hearing of which the case may be susceptible.

An instrument, then, is required for the introduction, the adjustment, and the withdrawal of the wool; and I need scarcely say that the forceps I have described are sufficient, in dexterous hands, to accomplish these requirements; but I have found that my patients have preferred a separate instrument for the adjustment as well as the withdrawal of the wool. For these purposes, therefore, I have constructed a simple rounded bar of silver, probe-pointed at one extremity, and with a small screw at the other: the one end serves to adjust the wool, the other most surely will entangle and withdraw it. These instruments may be procured of Messrs. Weiss, in the Strand, or of Mr. Thompson, Windmill street, Haymarket.

A few words as to the mode of applying the wool. The practitioner should get a view of the tympanum, and make himself acquainted with the nature and extent of the disorganization. This he will be able to do by the aid of my speculum auris, a description of which appeared in the *Lancet* so far back as September, 1839. It is chiefly distinguished from other specula by having a roughened surface at the extremity of each blade externally, to the extent of a quarter of an inch. The roughened blade clings to the meatus, and enables the operator to *straighten*, as well as to *dilate* the passage, and a much better view is thereby obtained. A small piece of fine wool, differing in size according to the case, and fully moistened in water, is then introduced through the speculum to the bottom of the meatus, and adjusted superiorly, inferiorly, anteriorly, or posteriorly, according to the situation of the perforation and other circumstances connected with the case; but care must be taken that the entire opening be not covered, otherwise the experiment will not succeed. It is also indispensable to success that the moisture of the wool should be preserved.

**CASE.**—April 13th, 1845, Miss —— consulted me in regard to a deafness which she stated had commenced in infancy from a neglected cold. There was no predisposition to the malady derived from her family, and although of a delicate habit of body, she had never suffered from any serious illness. At the time of her visit to me she was in the enjoyment of good health, but highly nervous and excitable. The deafness was so great, that she could only hear the watch in contact with the ear, and even the loud tick of the metronome could be heard but indistinctly. The tympanum was entirely disorganized; no appearance of healthy membrane could be detected, and a discharge had issued from the passages of the ears from the commencement of the disease.

The passages having been first cleansed of an accumulation of mucopurulent secretion, the pellet of wool was introduced, and when properly adjusted, a degree of hearing was produced which astonished my patient. The lady who accompanied her conversed with her without difficulty—sounds which before she had never heard became audible to her; but the improvement in hearing was not more surprising to us, as observers, than the remarkable change it produced in the expression of her countenance. Youthfulness shone out upon a face which had been aged, not by time, but by the anxiety her infirmity had caused her.

The remedy was removed, and the improved hearing was immediately lost. Again the experiment was tried, and again it was successful. The power of the remedy being now well established, it was arranged that she should attend me from day to day, in order that she might be taught to manipulate upon herself. Not being very dexterous in the use of instruments, this occupied about three weeks, when she left me for the sea-side. My patient must now be permitted to speak for herself as to the result:—

*Southshore, Preston, Lancashire, May 27, 1845.*

"Dear Sir,—I have now been settled in my temporary home a week, and I think you will like to hear what report I can give of myself, and the opinion my friends have formed of the improvement in my hearing. I am happy to say the little trifling daily operation does not continue the same nervous protracted business I found it the first few days. I am much more expert in placing aright your magical remedy, and feel less anxious, from the wonderful success even my own efforts meet with. \* \* \* \* \* The certainty that I have now the sense of hearing under my own control, as it were, is a blessing most truly appreciated, and I am sure you will believe how completely I must feel in a new world, when my sister and relations at Leamington considered my case not *improved*, but *cured*. And all my friends, on return here, think I can hear as well as anybody. I am indeed sensible of comfort and enjoyment in general society, which I never before experienced, and my chief annoyance now consists in some noises being quite too shrill for me, and general noises attracting my attention, to which I had previously been perfectly dead."

"To James Yearsley, Esq."

Having had occasion to visit Bath in January last, I had the satisfac-

tion of seeing this lady, now married and resident there, enjoying all the advantages as at first from the remedy.

[The other cases related by Mr. Y. are omitted for want of room.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, SEPTEMBER 27, 1848.

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*Medical Lectures.*—The season is approaching when the numerous schools of medicine in the United States will be in a state of activity. There is doubtless a decided choice among them, and it is of consequence to have reference to the fitness of the men who give the courses of instruction. While some talk, and others read the opinions and suggestions of by-gone oracles, from year to year, without sufficient reference to the brilliant progress science is constantly making in every department of human knowledge, many actually feel their responsibility to students, and labor incessantly for storing their minds with important facts and established truths: they interpret nature, instead of glorifying themselves.

The magic of an individual name, it is feared, is the life-blood of some of these institutions, and their withdrawal, or decease, might prove a death blow to some colleges. Real genius, moral worth and enterprise, seek no selfish ends, nor does their stability or usefulness depend on intrigue or false exhibitions of character. Medical schools, created not for the promotion of medical science, but for certain incumbents, without reference to their capacity or fitness for public teachers, if such there are, should be avoided. Is the public in an error in supposing that there are any such medical clap-traps?

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*Degree of Certainty in Medicine.*—Dr. Elisha Bartlett, known for the beauty and excellency of his writings, and also as an eminent professor in the University of Transylvania, is the author of a published discourse, entitled, "*An Inquiry into the degree of Certainty in Medicine; and into the nature and extent of its power over disease.*" The gist of the matter is this, viz., that medicine is either something or nothing; or rather, it is useful or it is not. After probing all the modern medical heresies to the quick, but with the adroitness of a master's hand, he sums up his conclusions thus:—"The work of two thousand years is not to be demolished by the noisy clamor of a few penny trumpets. As certainly as there is truth in the foregoing inquiry, will the present feeling of distrust towards our science and our art pass away. The ancient confidence will be restored; the old love will come back again, and truer and deeper for the transient and passing estrangements." He handles the hydropathists and homœopathists with such marked delicacy, that they would hardly suspect themselves assailed, if not told so by lookers on. Dr. Bartlett freely acknowledges that the profession has had its blood sucked almost dry by vampyres; but indulges in the happy belief of a reaction that will open the leaden eyes of the world to the monstrous impositions forced into notoriety under high-sounding names, and with the false pretence of being improvements. In short,

he is a fearless advocate for common sense in medicine, discarding all vulgar associations and the opinions and whims of speculators in health.

*Butler Insane Hospital.*—The reprint of a description of the beautiful and admirably contrived structure at Providence, R. I., for the insane, from the Journal of Insanity, has recently been distributed. The frontispiece, which represents the general aspect and elevation of the edifice and grounds, is worth preservation; and from an inspection of the ground plan, it is evident that this may be considered the model building for lunatics. It would be inexcusable in an architect, at this late period in the history of public accommodations for that class of unfortunates, not to outdo all that had preceded him, since their defects, and the improvements and suggestions of the times, would enable him to excel, if any room for improvement were possible. This result is much more probable in the present instance, inasmuch as the services of a gentleman so well qualified to act in this matter as Dr. L. V. Bell, of the McLean Asylum, have been put in requisition, he having visited the principal lunatic asylums in Europe for the express purpose of perfecting the plan of the Butler Hospital. The description of the interior arrangements, and, in short, all that appertains to the description of the new hospital, in this pamphlet, are by Isaac Ray, M.D., superintendent of the institution.

*American Institute of Homæopathy.*—The fifth anniversary of the Institute was held at New York, on the 14th of June, but so tardy is the press, or our correspondents, that a copy of the proceedings never made its appearance here till last week. No new feature is presented in the report. General Secretary, Edward Bayard, M.D., of New York. Quite a number of members were elected. Dr. Wells presented a report on *posology*. Dr. Flagg, of Boston, presented a report in part, from the committee on anatomical nomenclature. Dr. Jeanes delivered an address, for which thanks were voted; he also read a report on bloodletting. Dr. Payne read another on emetics and cathartics. Dr. Snow presented one on water, as a therapeutic agent, &c. &c. Dr. Joslin was appointed to deliver the next annual address. A catalogue of the names of two hundred and nineteen members are appended, eight of whom reside in Boston. It so happens that more than eight homœopathic practitioners reside in Boston, and the inference is that they are not all orthodox in their opinions, or they would probably have been brought within the maternal embrace of the parent institution of America. As a whole, the transactions of the fifth anniversary are both meagre and uninteresting, to our apprehension, both to those of the true faith and to the proscribed allopathic fraternity.

*New York Medical Journal.*—Dr. Lee, the industrious editor of the above-named Journal, the successor of Dr. Forry, has retired from its editorial management, we understand, and the medical public, we feel assured, will be the losers by it. Few men, within the circle of periodical conductors, have exhibited a more determined effort to give energy, freshness and value to a journal. Dr. Lee has probably made the mortifying discovery, that "the race is not to the swift, the battle to the strong, or bread to men

of understanding," when they rely upon them through the income from a periodical press. Happily, he has a sphere to operate in as large as his ambition may crave, in two or three schools of medicine, in which he holds a rank that must be gratifying to his friends.

A question very naturally arises, who is to take his place in the Journal? It is a trite saying, that the people will know who is governor after election; and we shall learn, we presume, by the next number, who has assumed the laborious responsibility of the editorship of the New York Journal. It has not, we are told, gone into a decline—a disease that so frequently attacks medical periodicals.

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*Practical Schools of Anatomy.*—How does it happen that the ardor of former years for studying anatomy in private theatres, and demonstrations under accurate teachers, has so generally subsided? Brilliant courses of lectures were formerly given in most of the Atlantic cities, during the progress of the public instructions in the schools of medicine, and not only with profit to those who improved the opportunity, but with the general approbation of the faculties of the regularly-organized institutions.

Dissecting rooms are appended to the medical colleges, as they should be, with a view to affording students an opportunity of becoming expert in dissections; but popular courses of anatomy, by private enterprise, have always been profitable to the hearers, however disastrous to those who bore the expense as well as labor.

A mad system of itinerating with a manakin has been much in vogue. People love to have their marvellousness excited by looking on while muscle after muscle is detached, dry as a ribbon—and a promiscuous assembly of men, women and children, imagine that the exhibiter who picks the artificial model of humanity to pieces so easily, must be a prodigiously-learned professor of exceedingly profound sciences. This racing over the country from village to village, and exhibiting the mysteries of animal organization with a manakin, is falsely called popular anatomy. The truth is, it is a superficial show of superficial things, and far too often by very superficial persons in pursuit of pence. A revivification of the old but excellent system of private courses of anatomy is unquestionably desirable in all the large cities, by which students and artists, and such others as might desire a general acquaintance of animal mechanism, as exhibited in the beautiful structure of the human frame, may be gratified and advanced in useful knowledge.

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*Progress of Medical Literature and Science.*—European physicians, on reading the following notice, from the Botanic Medical Journal, without access to other sources of scientific information from the United States, would arrive at the conclusion that this is not only a great country, but an exceedingly ignorant one also:—

"At the request of some 5,000 people, Dr. Wm. Daily, of Louisville, Ky., is publishing a Medical Book, giving the greatest improvement of the age for the treatment of diseases of Men, Women and Children—with the symptoms of disease. Dr. Wm. Daily has spent two years with the Indians, and now offers the greatest discoveries ever offered to the world for the cure of Consumption, Rheumatic Pains, Cancers, Dyspepsia, Gravel.

Dysentery cured in one hour; Poisonous Bites or Sting cured in 40 minutes; and a remedy never before offered to the world never fails to reduce the Ague-cake or enlargement of the Spleen. Five million people are suffering with these diseases, and the remedy growing on their farms, or at least within a few miles of them."

*Mal-practice in Midwifery.*—One of those instances of apparently unpardonable violence or ignorance in an accoucheur which have occasionally been reported as occurring, but which one of the oldest correspondents of this Journal some years ago thought was impossible in the hands of any medical man, is stated lately to have taken place in Staffordshire, Eng. W. H. Flint, who is represented as a licentiate of the Royal College of Surgeons, was called to attend Mrs. Riley, in labor. "On making an examination he is said to have pronounced it a preternatural presentation, and to have sent the husband for his instruments. He appears to have been impressed with the necessity of turning, and he performed some manipulations, during which he told the women about him that he had turned. In subsequent manipulations he said he had delivered the woman of one child, and foretold the speedy delivery of another; but what he thus called a child, was proved by the evidence to have been a portion of the patient's intestine!" In endeavoring to effect delivery, it seems he also detached two of the limbs of the child, and the uterus was likewise ruptured. An open penknife was found in the bed after the death of the woman. He was indicted and tried for killing Mrs. Riley. On the trial, it was elicited that the woman died from the rupture, upon which the judge stopped the case, and recommended the jury to say that the prisoner was not guilty, which they did, on the ground that the rupture might have proceeded from natural causes.

*The New York Annalist.*—This medical periodical, like the older and larger one of the same city to which we have already referred in this number, is about passing from the hands of its present editor. Dr. Roberts has conducted the two volumes of the work which are now completed, with much ability. In his valedictory, the cause of his resignation is stated to be a change of proprietors of the work. Dr. N. S. Davis, late of Binghamton (not, we believe, Binghampton, as Dr. R. has it) is to take his place.

*Family Obesity.*—The celebrated Runkel family, of Rockingham, Virg., will start, it is said, in a few days down the Valley, with the intention of visiting different portions of the United States. This family, consisting of two brothers and two sisters, will be found to be objects of no ordinary curiosity—being in all probability the largest family of human beings ever exhibited in this or any other country. Their united weight is 1400 lbs. ! One of the young ladies is so fleshy as to be unable to walk, and when moving of her own accord, goes upon her hands and knees. They are of the ordinary height, and their mother is an unusually small woman; the father is, however, an ordinary sized man.

*New York Hospital.*—Dr. F. U. Johnston, for upwards of twenty years one of the attending physicians to this time-honored institution, has re-



signed. The urgency of his private professional engagements is the reason for his retirement from public duties. The charity has lost one of its most faithful servants, and the clinical student an able and safe teacher. The vacancy thus caused has been filled by the appointment of Dr. H. D. Bulkley, one of the most thorough and accomplished physicians, who brings with him into his new field of labor, a well-earned reputation. The appointment of Dr. B. has caused universal satisfaction.—*N. Y. Jour. of Med.*

*Medical Miscellany.*—A medical correspondent of New York, wrote, last week, that there were no new cases of yellow fever at the quarantine ground, and that it was very healthy in the city.—Dr. Horace Green has, it is said, the best practice, by far, in New York city.—Dr. William Sweetser lectures at Geneva Medical College, this season, instead of Dr. Austin Flint, of Buffalo.—Some one writes that Dr. Chew, of water-curing renown, was formerly a Daguerreotypist!—Mrs. Patrick Bernan, of Hartford, Conn., recently gave birth to four children, three girls and a boy. She died the following morning. One of the children also died.—The number of deaths in this city in the month of August last, from dysentery and other bowel complaints, was 275.—A large number of physicians attended the consultation lately held at Philadelphia upon a hydrophobia patient. He is receiving the attention of most skilful physicians, and it is hoped that their combined efforts will be successful. The patient is sensible of his situation, but evidently entertains no hope of recovery.—Dr. Liddell, of Middletown, Miss., recently shot a man in self-defence.—Dysentery has not wholly subsided in the interior of New England, but the cases are not so fatal as they were.—The Common Council of New York have appropriated \$40,000 for the erection of a smallpox hospital on Blackwell's Island.—The use of carbon and carbonic acid is recommended in England, in the treatment of spasmodic cholera.—About one hundred and twenty students are said to be in attendance at the present lecture term of the Berkshire Medical College.—Smallpox has appeared at Fort Childs, on the Upper Missouri.—Dr. Bennett has been elected Professor of the Institutes of Medicine in the University of Edinburgh, in place of Dr. Allen Thompson, who has been appointed Professor of Anatomy at the University of Glasgow.—Dr. Bowman is made joint Professor of Physiology, with Dr. Todd, at King's College, London.—The vacant chair of Obstetrics in the Philadelphia College of Medicine has been filled by C. A. Savory, M.D., of New Hampshire. Dr. S. is at present Vice President of the New Hampshire Medical Society.

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DIED.—At Unionville, Penn., Isaac G. Graham, M.D., a surgeon of the Revolution, 88.—At Staten Island, N. Y., Dr. Henry T. Tomlinson, one of the quarantine physicians, 34.

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MARRIED.—In Eastport, Dr. William R. Hunter, of Pembroke, to Miss S. S. Dyer.

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*Report of Deaths in Boston*—for the week ending Sept. 23, 101—Males, 51—females, 50.—Of consumption, 9—disease of the bowels, 20—dysentery, 22—cholera infantum, 3—typhus fever, 2—slow fever, 2—infantile, 12—teething, 3—drowned, 2—disease of the kidneys, 1—spasms, 1—old age, 3—accidental, 4—convulsions, 1—disease of the heart, 1—palsy, 3—bilious fever, 1—hooping cough, 2—cancer, 1—inflammation of the bowels, 1—mortification, 1—scrofula, 1—disease of the brain, 1—hemorrhage, 1—child bed, 1—erysipelas, 1—lung fever, 1.  
Under 5 years, 52—between 5 and 20 years, 7—between 20 and 40 years, 27—between 40 and 60 years, 9—over 60 years, 6.

*Amputation.—Death under Inhalations of Chloroform.*—M. Robert, surgeon of the "Hopital Beaujon," Paris, reports the following case: "A young man, twenty-one years of age, was admitted, on the 25th of June last, into the 'Hopital Beaujon,' for a severe fracture of the shaft of the femur, caused by a ball which had traversed the limb from before backwards. Disarticulation of the thigh was decided upon. The patient was put under the influence of chloroform by means of the apparatus, divided by a spiroid diaphragm made of netting, and provided with a large mouth-piece; the nose was secured by an assistant. In three or four minutes there were a few convulsive movements pointing to the period of excitement, and soon after a complete state of relaxation came on. A large anterior flap was then made, beginning three fingers' breadth below the anterior superior spine of the ilium; hardly any blood was lost. The patient at this moment woke, and M. Robert desired that more chloroform should be given, and continued the operation. Hardly had a quarter of a minute elapsed, than a loud stertorous breathing was heard, and the apparatus was withdrawn. The patient's face was extremely pale, lips blanched, and the eyes, the pupils of which were greatly dilated, were drawn so high upwards as to be hidden by the upper lid. The operation was immediately suspended. The pulse at that time was hardly perceptible, all the limbs were in a state of complete relaxation, and the breathing was heard at long intervals. Frictions, irritation of the pituitary membrane, forced movements of the arms and of the ribs, were resorted to; several times the respiration seemed to become more vigorous, and the pulse more distinct, but this was but a momentary improvement, and it was but too apparent, after three-quarters of an hour of incessant efforts on the part of the persons present, that the patient had ceased to exist. The sudden paleness of the skin, the annihilation of the pulse, evidently pointed to syncope; and as the latter cannot be ascribed either to hæmorrhage or a protracted operation, it must be concluded that syncope was the immediate result of the inhalations of chloroform; the more so, as none of the symptoms of the admission of air into the veins were present. The special kind of wound which the patient had received, as well as the stupor and shock consequent upon it, should, at the same time, be taken into consideration, besides the deep dejection and despair in which he was plunged."

After some discussion, it was decided in the Académie de Médecine that this case should be referred to the committee which is to present a report on ether.—*London Lancet.*

*Uretro-vestibular Lithotripsy in the Female.*—M. Petrequin relates in the Bulletin Général de Thérapeutique, the case of a girl, upon whom he performed lithotripsy with straight forceps, the meatus having been enlarged by an incision with the "lithotome caché." The calculus being pretty large, was removed in fragments with the above-named instrument and the curette. The girl was seventeen years of age, and had allowed a bodkin to slip into the bladder during onanismal manœuvres; all around this foreign body, which had perforated the vesico-vaginal wall, and allowed the urine to dribble through the vagina, the calculus had formed. There was some trouble in getting out the bodkin, but it was removed at last, and the patient left the hospital with a certain amount of incontinence of urine.—*Id.*